

**Candidate Mobile Written Examination Registration Form**

**3/10/08**

**Mail the completed form to EMS Bureau 601 Pole Line Road #7 Twin Falls, ID 83301  
Or Fax the completed form to 208-736-3016 Questions? – call 208-736-2162**

Application Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

Course Completion Date: \_\_\_\_\_ Course Number: \_\_\_\_\_

**Selected Examination**

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Level of Examination: \_\_\_\_\_

Signature Line \_\_\_\_\_

Date Received \_\_\_\_\_

**For Bureau Use Only**

**Date Received**

\_\_\_\_\_  
**Date Confirmation Postcard Sent**



**Date Confirmed**

\_\_\_\_\_  
**Date Denial Postcard Sent**



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**HEALTH & WELFARE**